

FORM 1

THE PUBLIC HEALTH ACT  
APPLICATION FOR LICENCE TO OPERATE A FOOD-HANDLING ESTABLISHMENT

Name .....

Address .....

Name and address or proposed  
address of food-handling establishment.....

Name of operator of  
Food-handling establishment.....

Category of food-handling establishment.....

Type of food proposed to be  
Sold in food-handling establishment.....

.....  
.....

\*Has a food-handling establishment  
owned or operated by you been closed  
down by a Public Health Authority? .....  
Yes No

\*Has the food-handling establishment to  
which this application relates been closed  
closed down by a Public Health Authority? .....  
Yes No

\*if yes, state date of closure.....

Date

Signature

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Documents submitted: 1  
2  
3  
4

Amount of fee paid

Date of examination of food-handling  
establishment

Remarks

Recommendation

Licence granted No.

Licence refused

Date Signature and office of  
person who carried out  
examination